



405 Jefferson Street, Washington, MO 63090 | 636-390-1000 | www.washmo.gov

FOOD TRUCK REGISTRATION PUBLIC SAFETY FORM

Name of business or truck: _____

Name of owner and/or operator: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact's e-mail address: _____

Business phone number: _____ Cell phone number: _____

Is propane used as fuel for cooking appliances? Yes No

If YES, what is the size of Tank 1? _____ Tank 2? _____

Date of most recent leak test: _____ Contractor's name: _____

Is Compressed Natural Gas (CNG) used as fuel for cooking equipment? Yes No

If YES, what is the date of the most recent container inspection? _____

Name of qualified service facility: _____

Do you do deep frying or cooking that produces grease laden vapors? Yes No

Do you have a commercial hood suppression system? Yes No

Date of last suppression test: _____ Contractor's name: _____

ABC extinguisher service date: _____ Contractor's name: _____

Class K extinguisher service date: _____ Contractor's name: _____

City of Washington Vendor's License #: _____

Insurance company name: _____

Policy #: _____ Expiration Date: _____

Applicant's signature: _____

Applicant's name (please print): _____ Today's date: _____